

RI Governor's Commission on Disabilities

GCD Form. D 5 Mediator Selection

Case Number		Filed on		Date mailed to parties	
Complainant					
Respondent					
<p>The undersigned has reviewed the procedure regarding the RI Governor's Commission on Disabilities' mediation service and understands that:</p> <ol style="list-style-type: none">1. The Governor's Commission on Disabilities offers to attempt to quickly resolve disability discrimination complaints by bringing all parties together and to assist the parties resolve the complaint;2. The Governor's Commission on Disabilities is not empowered to compel the business or agency to participate in mediation, except a state government agency;3. The volunteer mediators are not judges, they assist the parties resolve the complaint, they do not determine the facts nor make any judgments regarding the issues presented;4. At any point in the mediation process any party can terminate mediation;5. The complainant may pursue the complaint before the appropriate state and/or federal civil rights enforcement agency and the federal and state courts, while the Commission attempts to resolve my complaint through mediation;6. If the mediation is completely successful, the respondent (business or agency) will want any complaints filed with those state or federal civil rights enforcement agencies and/or the state or federal courts withdrawn as part of its settlement of this complaint; and7. If not successful neither the Governor's Commission on Disabilities nor the mediators may disclose any information regarding the discussions that took place during mediation neither to the courts nor to any enforcement agency. <p>The undersigned agrees to participate in the Governor's Commission on Disabilities' mediation and has indicated the times and dates available for mediation and reviewed the list of potential mediators (on the back) and indicated which ones are NOT ACCEPTABLE.</p>					
If the Commission has not received this form by the date to the right, from all parties, the Commission will close the case and advise the complainant to pursue the case before a civil rights enforcement agency and / or the courts.					Closure date
<i>Complete both sides and sign</i>					
The undersigned will: The undersigned is the: <input type="checkbox"/> Complainant <input type="checkbox"/> Respondent	<input type="checkbox"/> Be representing him/her self		Phone		Evening:
			Days:		
	<input type="checkbox"/> Be represented by:				
	Address:				
Phone Numbers				Fax	

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I will require the following accommodations to participate in mediation:				
<input type="checkbox"/> Interpreter (specify type)	<input type="checkbox"/> Assistive listening system	<input type="checkbox"/> Real-time captioning	<input type="checkbox"/> Other:	
In the next few weeks the best days to schedule mediation and the best times are:				
Day	4 - 5 PM	4:30 - 5:30 PM	5 - 6 PM	Other Times/Bad Dates:
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selection of Mediators for case #				
<p>The Governor's Commission on Disabilities provides a team of two mediators. One mediator from the disability community and the other mediator from business or agencies not involved in the case. From each list you may cross off three names, without giving a reason. If you feel other individuals would be unable to mediate this complaint, please state your reasons in the space provided.</p>				
Disability Community Mediators 		Business/Agency Mediators 		
Other mediators the undersigned does not wish appointed and why:				
Signature		Date		
Please complete and return this form to the: Governor's Commission on Disabilities 41 Cherry Dale Court Cranston, RI 02920-3049				